

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90097 015 \*\*\*150.00

|                                                       |                                                                                   |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000067477</b>                        |  |
| 1. Entity Name<br><b>LABELLE PLUMBING CORPORATION</b> |                                                                                   |

|                                                                   |                                                       |
|-------------------------------------------------------------------|-------------------------------------------------------|
| Principal Place of Business<br>P.O. BOX 2157<br>LABELLE, FL 33975 | Mailing Address<br>P.O. BOX 2157<br>LABELLE, FL 33975 |
|-------------------------------------------------------------------|-------------------------------------------------------|

**60003362**



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|-----------------------------------------------------------------------------|--------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><b>701 S. MAIN STREET</b> | 3. Mailing Address       |
| Suite, Apt. #, etc.<br><b>LABELLE FL.</b>                                   | Suite, Apt. #, etc.      |
| City & State                                                                | City & State             |
| Zip<br><b>33935</b>                                                         | Country<br><b>HENDRY</b> |

01162007 Chg-P CR2E034 (12/06)

|                                                                   |  |                                                    |  |
|-------------------------------------------------------------------|--|----------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                   |  | 7. Name and Address of New Registered Agent        |  |
| YORASCHEK, GERALDINE<br>1081 RIVERBEND DRIVE<br>LABELLE, FL 33935 |  | Name                                               |  |
|                                                                   |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|                                                                   |  | City                                               |  |
|                                                                   |  | FL Zip Code                                        |  |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                                                     |                                                                                                                           |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

|                                                    |                                                                                                   |                                                       |                                                                                                                      |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS                         |                                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PT<br>YORASCHEK, GERALDINE<br>1021 WOODS DR.<br>LABELLE, FL 33935 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1081 RIVERBEND DRIVE<br>LABELLE, FLORIDA 33935  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>YORASCHEK, RICHARD<br>1021 WOODS DR.<br>LABELLE, FL 33935 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1081 RIVERBEND DRIVE<br>LABELLE, FLORIDA 33935  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>YORASCHEK, VICTORIA<br>1021 WOODS DR.<br>LABELLE, FL 33935 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6321 ARAGON WAY 11-208<br>FORT MYERS, FL. 33912 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                    |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** G. YORASCHEK **G. YORASCHEK** **1-16-07 863675-1155**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #